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**REMARKS BY DR. NATALIA LARGAESPADA BEER
UPON RECEIVING THE PAHO AWARD FOR
HEALTH SERVICES MANAGEMENT AND LEADERSHIP 2018**

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**24 September 2018
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**56th Directing Council of PAHO
70th session of the WHO Regional Committee for the Americas**

Honorable President of the 56th Directing Council,
Honorable Ministers of Health,
Distinguished Members of the Diplomatic Corps,
Honorable Deputy Director-General of the World Health Organization,
Honorable Director of the Pan American Sanitary Bureau,
Esteemed colleagues,
Ladies and gentlemen:

I wanted to become a pediatrician, however, this goal changed rather quickly. It took one day of private practice and one mobile clinic to a hard to reach village, to understand, that much more can be done for our people, by implementing effective preventive interventions.

Twenty-six years ago I met Sarah. She was 18 years old and was pregnant with her first child. She had some vision loss as a consequence of measles. It took her 10 hours travel time to meet the mobile clinic. She was not ill. When asked why she was attending the mobile she replied "Doctor, I know you will not be back for two months, I'm pretty sure I could get malaria, can you please give me malaria treatment." It only took one contact with Sarah, and I was sold on public health. I did not have the opportunity to thank her for changing my life.

The power of population indicators provides unique opportunities to change and improve the health services provided. These indicators depict the wellbeing of the population we serve and inform policymakers on actions that should be prioritized and not be delayed.

Morbidity and mortality indicators reflect the progress in safeguarding the right to health. Today, a good public health practitioner must understand that what he/she does now has an impact on the quality of life of the patient and the health of the community.

Health is a complex social product. The ministries of health alone cannot achieve the Sustainable Development Goals for health. We need to work in partnership, and, most importantly, with the community and individuals. Information sharing is one of the pillars for collaboration, as it helps with the making of better and correct decisions.

The majority of our countries have financial constraints to improve access, availability, and quality health care services; this requires government entities to make decisions based on the evidence provided to redirect resources with equity. This last issue raises the following question: Can our governments and health institutions provide health care services with equity and quality? The answer is “yes,” if health leaders and medical and nursing educational institutions understand and believe in providing the skills and tools to health care providers, ensuring that these are used to guide changes. This will require medical and nursing schools to go beyond training their students on the basis of absence or presence of disease in the population.

Each and all of us share the highest responsibility to advocate for the wellbeing of the population who pay us to provide them with quality services to improve their health status. The health statistics show that there is a myth to be deconstructed. The social sector, which includes the ministries of education, human or social development and health, is not just more of the state’s expenditure, rather it is an investment. Every dollar invested in these three-line ministries is a dollar invested in the present and future generations, and therefore in the country’s development.

Developed countries have awesome health results and awesome infrastructural indicators. As an example, let’s look at nurses and midwives per 1,000 population. The 2015 data places Switzerland with the highest ratio worldwide with 18.2, while in the Region of the Americas, Canada had 9.8, and in the English-speaking Caribbean countries, Jamaica had the highest with 1.4 nurses and midwives per 1,000 population. The last is the region I come from. Yet, we are expected to achieve the same results. If the evidence shows that healthy women have healthy pregnancies and healthy babies; then the question must be asked: Does a strong human resource for health contribute to a healthy population and the development of the country?

In closing, I am grateful for this honor. I receive this award in the name of the people of Belize, the civil servants that contribute to the health and wellbeing of the people, and the Government of Belize. Together, as one, we must continue the quest for health with equity and quality. I thank you.
